



UNITED STATES MARINE CORPS
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IN REPLY TO:
ForO 6221.1A
4MED
JAN 23 2004

ORIGINAL

FORCE ORDER 6221.1A

From: Commander
To: Distribution List

Subj: BLOODBORNE PATHOGEN (BP) EXPOSURE AVOIDANCE AND
MANAGEMENT

Ref: (a) Code of Federal Regulations, 29 CFR 1910.1030
Bloodborne Pathogens
(b) BUMEDINST 6280.1A
(c) OPNAVINST 5100.23F
(d) BUMEDNOTE 6230 of 20 APR 98

Encl: (1) Sample Exposure Control Plan
(2) Sample BP Exposure Awareness Training Outline

1. Purpose. To promulgate policies for the avoidance and management of Bloodborne Pathogen (BP) exposure in the work place for Marine Forces Reserve (MARFORRES) personnel.

2. Cancellation. ForO 6221.1.

3. Background. Reference (a) is the Occupational/Safety and Health Administration (OSHA) standards for the prevention of exposure to BP in the work place. All MARFORRES facilities shall comply fully with the requirements of the reference.

4. Definitions

a. Bloodborne Pathogens - Pathogenic (disease causing) microorganisms that are present in human blood and can cause disease in humans.

b. Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

c. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

d. Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing - i.e. injections) contact with blood, or other potentially infectious materials, that result from the performance of a member's duties.

e. HBV - Hepatitis B Virus.

f. HIV - Human Immunodeficiency Virus.

g. Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against a hazard. Does not include general work clothes.

5. Information

a. BP exposure is a serious occupational Force-wide risk. The greatest risk of exposure is to medical and dental personnel in the routine performance of their duties. However, the risk of exposure to personnel Force-wide in emergency situations cannot be down played. Providing ready access to PPE, particularly disposable gloves, is imperative so that emergency situations may be attended to properly while minimizing exposure risk to personnel.

b. HBV is often down played in it's relative importance as a health threat, as media exposure, and awareness is not directed to HBV infection. In fact, there are millions of chronic carriers, both in the U.S. and aboard. HBV infection greatly increases the probability of liver cancer and 1 to 2 percent of all cases of HBV infection result in death, making minimization of BP exposure vitally important. Minimizing BP exposure is vitally important.

6. Exposure Control Plan. Enclosure (1) is an example of MARFORRES's Exposure Control Plan. Local exposure control plans are mandatory as per reference (a). The plan must be tailored to each individual worksite and shall be reviewed at least annually and whenever new or modified tasks may result in BP exposure to MARFORRES personnel. While medical/dental personnel will be most affected, careful consideration of other potential occupational exposures is also warranted.

7. Personnel Training, Hazard Awareness and Record Keeping

a. All personnel are to receive annual training in hazard awareness and recognition as it relates to their federal employment. This training must stress that HBV may be readily spread in the same manner as HIV. Videotape presentations such as those prepared by Occupational Safety and Health Administration, (OSHA),

("Bloodborne Pathogen Information for Medical Staff") or the American Medical Association ("For Your Protection") would be appropriate for this type of training, provided that area specific training is also provided at the same time by local competent authority.

b. Records must be maintained for at least 3 years following the completion of training. Enclosure (2) is an outline for providing this training which is to be locally customized.

c. Biohazard warning labels shall be affixed to waste containers, refrigerators, freezers, and shipping containers which contain material that has been potentially contaminated with BP.

8. Personal Protective Equipment (PPE). Personnel who may reasonably expect to be occupationally exposed to BP in the performance of their service-related duties will be provided PPE. Types of PPE and circumstances for it's use shall be outlined in the local exposure control plan.

a. Gloves. Disposable gloves shall be readily available to all occupationally exposed personnel. Single-use gloves are preferred. Gloves are to be changed between each patient exposure, just as hands would be washed between patients. Adequate stocks of disposable gloves must, therefore be kept on hand. (Example: to draw 75 HIV's a corpsman would utilize 75 pair of gloves). The use of gloves in venipuncture (blood drawing) will be highly encouraged. Glove use in blood drawing is mandatory for personnel with cuts, scratches, breaks in skin, or when the phlebotomist is being trained. Note: This applies to the great majority of MARFORRES Program 9 corpsman.

b. Masks, Eye Protection, and Face Shields. Masks, in combination with eye protection such as glasses or goggles with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. This does not necessarily include routine venipuncture but does include centrifuging and handling of blood specimens such as HIV when blood tubes must be opened and serum 'poured off' into shipping vials. Use of disposable gowns is recommended. At no time shall personal laundry facilities be utilized to launder contaminated clothing or PPE.

c. Reusable PPE such as eye wear, face shields, etc., shall be provided in quantity to ensure that all personnel who are simultaneously exposed have ready access.

Such equipment shall be cleaned after each use, and when contaminated with blood or other potentially infectious material shall be terminally disinfected with a solution of 1:100 Sodium Hypochlorite (bleach) with a wet-to-dry contact time of at least one minute.

9. Hazardous Waste Management

a. General. Reference (b) is the Navy/Marine Corps policy on Medical Hazardous Waste Management. Each site is responsible for checking and coordinating with local authorities as more stringent regulations may be enforced by a given municipality. Local public health departments are excellent sources of information in this area. When regulations conflict, the more stringent shall be followed.

b. Low Volume Users. Many MARFORRES sites generate very low volumes of medically hazardous waste. Generally, containers may be considered in use until they are three-quarters full. Sharps containers may be kept in use until full or until the material becomes putrescible (has an odor), unless prohibited by state or local regulation. Full containers may normally be stored no more than 4 days. Arrangement through Military Treatment Facilities or contracting for disposal through civilian hospitals/companies is required. Disposal shall be accomplished at least quarterly.

10. Pre and Post-Exposure Prophylaxis and Case Management. Personnel who are exposed to BP are required to comply with applicable directives as they relate to pre and post-exposure immunization against HIV.

a. Pre-Exposure Immunization. Reference (c) is the current OPNAVINST on Immunization Requirements and Recommendations. It requires immunization for HBV for all military and civilian health care workers. This includes MARFORRES medical and dental personnel as well as rescue service personnel and morticians.

b. Post-Exposure Immunization. All members are required to report all cases of exposure/possible exposure to BP. Following report of an exposure incident, Commanders must ensure the following:

(1) Documentation of the route of exposure and the circumstances under which the exposure incident occurred. MARFORRES Safety Reporting requirements apply. Documentation of exposure will also be entered in the member's medical record.

(2) The source individual's blood shall be tested to determine infectivity of HIV/HBV as soon as practicable.

(3) The exposed employee's blood shall be tested as soon as practicable for HIV/HBV markers.

(4) Post-exposure prophylaxis shall be provided to the exposed member as per references (a), (c) and (d).

(5) Exposed member is provided appropriate counseling as to their rights and responsibilities under the provisions of this order and reference (a).

(6) Exposed member is properly evaluated by an appropriately credentialed health care provider. The provider will be given a copy of reference (a) and all documentation related to the exposure incident. The provider will furnish the member and the Commander with a written report. The report shall be limited to:

(a) Whether or not Hepatitis B Immunization is recommended for the member.

(b) A statement that the member has been told about any medical conditions resulting from the exposure that may require further medical examination or treatment.

(c) That the member has been informed as to the results of the evaluation.

(7) Appropriate submission of Notice of Eligibility (NOE) requests, when required, is the responsibility of the Commander.

11. Equipment Decontamination and Terminal Disinfection

a. Work surfaces and non-porous items such as goggles, face masks, face shields, etc., may be terminally disinfected from BP exposure/contamination by cleaning with a 1:100 mixture of sodium hypochlorite (bleach) in water. Immersing objects or wiping with a wet solution to ensure a one-minute contact time is suitable to ensure appropriate decontamination.


b. Absorbent materials used to clean-up after accidental exposures or spills must be treated as medically hazardous waste and placed in appropriate containers for disposal. At no time should specimens be transported over or drawn in rooms where flooring is carpeted/porous as terminal disinfection would be extremely difficult.

12. Sources of Further Information. Consult with MARFORRES G-4 Medical if questions concerning BP policy arise. Other sources of information include the Navy Environmental Health Center,

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Navy Environmental and Preventive Medicine Units, Military Treatment Facility Infection Control Practitioners, and local public health agencies.

13. Reserve Applicability. This Order is applicable to the Marine Corps Reserve.


J. J. KINNEBREW
Chief of Staff

DISTRIBUTION: D

SAMPLE EXPOSURE CONTROL PLAN

Revision date: _____

1. Exposure determination: Job classifications exposed at this site. All hospital corpsmen engaged in venipuncture or other activities where they may come in contact with blood, any fluid containing visible blood, semen, vaginal secretions, etc. Does not include tears, saliva, feces, nasal secretions, sweat, urine or vomitus, unless these listed fluids contain blood.

2. Compliance

a. Universal precautions will be used. All bodily fluids listed above will be handled as though they are infectious.

b. Hand washing facilities with soap must be supplied at the blood drawing site. When not feasible, antiseptic hand cleaner and towelettes must be supplied. (These items are available in a variety of trade names. Consult nearest Naval Hospital infection control department, if ordering information is needed. If antiseptic hand cleaner is used, hands must be washed with soap and water as soon as feasible.)

c. Used needles shall not be sheared, bent, or broken. They shall be placed in containers that are puncture resistant, leak proof on both sides and bottom, and which may be sealed when full.

d. Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses is prohibited in work areas where handling of potentially hazardous materials is conducted.

e. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on benchtops or countertops where blood or other potentially hazardous material is present.

f. Mouth pipetting is strictly prohibited.

3. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up

a. All persons who can reasonably expect to be occupationally exposed, including those performing venipuncture, will be immunized against Hepatitis B at the expense of the government. All personnel, active or reserve, who draw blood must first be immunized against Hepatitis B.

b. For post-exposure prophylaxis, blood specimens from the source patient and the person who was exposed must be drawn and both persons evaluated within 24 hours by an appropriately credentialed healthcare provider. Refer to Force Order 6221.1 for detailed information as to what the exam must entail. Contact your nearest Environmental and Preventive Medicine Unit or Military Treatment Facility Infectious Disease Department for further guidance. Note: Post-exposure may include nonhealth care workers in cases of accidental blood exposure at the scene of an accident, percutaneous (needle-stick) exposure, etc. NAMEDCOMINST 6230.1 series provides guidance, but consultation with activities listed above is mandatory to ensure timely and up-to-date guidance.

4. Communication of Hazard to Employees/Recordkeeping

a. All records of immunization, medical exams, follow-ups, etc., will be made a part of the military health record.

b. Training for all personnel who may be reasonably expected to be occupationally exposed shall be provided when new exposure criteria are defined or introduced. Training records shall be maintained for a minimum of three years.

c. The Code of Federal Regulations 29 CFR 1910 outlines employee rights as they pertain to bloodborne pathogens. All exposed personnel are entitled to view and copy pertinent sections of that reference.

5. Procedures on Evaluating Exposure Incidents. A Flash Safety Report will be submitted to MARFORRES Safety office in the event of any exposure incident. The unit safety representative, (name) _____ who may be contacted at (phone) _____ will be contacted immediately for guidance on other appropriate reporting procedures.

SAMPLE BP EXPOSURE AWARENESS TRAINING OUTLINE

1. Review of 29 CFR 1910.1030 and information on where it is located locally.
2. Review of Force Order 6221.1A on bloodborne pathogens.
3. Review of local bloodborne pathogen exposure equipment.
4. Location and required use of personal protective equipment.
5. Infection control procedures, including review of mandatory hand washing.
6. Procedures to follow in case of accidental exposure for yourself and others
7. Questions and answers.
8. Video presentation (optional).

Instructor: _____ Date: _____

Time: _____

I have been trained in, and understand, the potential for exposure to bloodborne pathogens and know how to avoid exposure. I have been provided training as listed above in applicable instructions and directives.

Member's Signature: _____
Date: _____

Note: Training is to be conducted prior to assignment and at least annually thereafter. Additional training is required as exposure criteria or procedures change.

This record must be kept on file for a minimum of three years.